United States District Court

NORTHERN DISTRICT OF CALIFORNIA

STEPHEN MITCHELL

NOV X 2 2007

RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT
HERN DISTRICT OF CALIFORNIA

SUMMONS IN A CIVIL CASE

CASE NUMBER:

EDI

DR. HAROLD NEMETZ, OPEN DOOR COMMUNITY HEALTH CENTER, U.S. DEPT. OF HEALTH AND HUMAN SERVICES, and DOES 1 through 20, inclusive

V.

TO: (Name and address of defendant)

DR. HAROLD NEMETZ, OPEN DOOR COMMUNITY HEALTH CENTERS, U.S. DEPT. OF HEALTH AND HUMAN SERVICES and Does 1-20, inclusive

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

FERMAN W. SIMS, ESQ. 519 "H" Street Crescent City, Ca. 95531 Telephone: (707) 465-5555

Fax: (707) 465-4454

email: simscalaw@yahoo.com

an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

OCT - 4 2007

DATE_

(BY) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE				
Service of the Summons and Complaint was made by me 1 October 23, 2007 @ 1:32 p.m.				
Name of SERVER TITLE				
Alex Hernandez		Private Process Server		
Check one box below to indicate appropriate method of service				
XX	Served Personally upon the Defendant Place where served: Served U.S. Dept. of Health & Human Services c/o Donald Roots, Senior Exec. Asst Served at 200 Independence Avenue, S.W., Suite 615, Washington, DC 20001			
	Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:			
	Returned unexecuted:			
	Other (specify):			
STATEMENT OF SERVICE FEES				
TRAVEL	SERVICES	TOTAL		
DECLARATION OF SERVER				
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct. Executed on 10/23/07				
	Date	Signature of Server		
		P.O. Box 18647, Washington, DC 20036		
		Address of Server		
(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure				

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE				
	e of the Summons and Complaint was made by me 1 DATE 1925/07 1225 P.M. TITLE DIVINITE P. F.B.Y TITLE DIVINITE P. F.B.Y			
Name of S	SERVER JOIN P. MAY			
Check one box below to indicate appropriate method of service				
	Served Personally upon the Defendant. Place where served: DR, HAROLD NEMET Z 550 R, WASKINGER BLUD CRESCONT CITY, CR. 95531			
	Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:			
	Returned unexecuted:			
	Other (specify):			
)				
TRAVEL	STATEMENT OF SERVICE FEES SERVICES TOTAL			
DECLARATION OF SERVER				
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct. Executed on OK 2 OT				
(1) 12 is the they said a summon section of the receisal folias of Givil Procedure				

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE				
Service of the Summons and Complaint was made by me ¹	DATE 10/25/07 1:17 Pm.			
Name of SERVER John P. MAY	TITLE OWN 32 / P.L.			
Check one box below to indicate appropriate method of service				
Served Personally upon the Defendant. Place where served:				
Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:				
Returned unexecuted:				
Other (specify): 57-RURD HIDDA CONTICTIONS, OFFICE MANAGER POIL OFTEN DOOR COMMUNITY HEALTH CENTER 550 E. WASHINGTON BLUD, CRESCONT CITY, CA.				
STATEMENT OF SERVICE FEES				
TRAVEL SERVICES	TOTAL			
DECLARATION OF SERVER				
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct. Executed on JPF Investigations - PI22786 John P. Fay 448 G St. Ste. B Crescent City, CA 95531 (707) 464-7642 (1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure				